

BEST AVAILABLE COPY

ISSUE SLIP STATE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mp</i>		6/25/99
O.I.P.E. CLASSIFIER			8-30-99
FORMALITY REVIEW	<i>mp</i>	U8231	11-4-99
			102299

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/3/01
2	✓	✓	10/3/01
3	✓	✓	10/3/01
4	✓	✓	10/3/01
5	✓	✓	10/3/01
6	✓	✓	10/3/01
7	✓	✓	10/3/01
8	✓	✓	10/3/01
9	✓	✓	10/3/01
10	✓	✓	10/3/01
11	✓	✓	10/3/01
12	✓	✓	10/3/01
13	✓	✓	10/3/01
14	✓	✓	10/3/01
15	✓	✓	10/3/01
16	✓	✓	10/3/01
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25	✓	✓	10/3/01
26	✓	✓	10/3/01
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28	✓	✓	10/3/01
29	✓	✓	10/3/01
30	✓	✓	10/3/01
31	✓	✓	10/3/01
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44	✓	✓	10/3/01
45	✓	✓	10/3/01
46	✓	✓	10/3/01
47	✓	✓	10/3/01
48	✓	✓	10/3/01
49	✓	✓	10/3/01
50	✓	✓	10/3/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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